

**Addendum 1**  
**STATE OF CONNECTICUT**  
**DEPARTMENT OF SOCIAL SERVICES**  
**Connecticut Behavioral Health Partnership (CT BHP)**  
**Administrative Services Organization**  
**Request for Proposals**  
**CT BHP ASO RFP 05172021**

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The State of Connecticut Department of Social Services is issuing **Addendum 1** to the **CT BHP ASO RFP 05172021**

**Addendum 1 contains:**

- Revision of Section IV. B.7 Minimum Qualifications because of a clerical error.
- Revision of Section IV.C.2.8.c. Information System because of a clerical error.
- Questions submitted by interested parties. These Responses shall amend or clarify the requirements of the RFP as per Section I.C.7. Inquiry Procedures.
- Addendum Acknowledgment Sheet to be signed and returned by Respondents as per RFP Section I. C.7. Inquiry Procedures.

In the event of an inconsistency between information provided in the RFP and information in these Responses, the information in these Responses shall control.

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- **REVISION**

1. Section IV. B.7 Minimum Qualifications of the RFP has been revised as follows:

**B.7 Minimum Qualifications**

The purpose of this subsection is to validate that the respondent meets the minimum criteria for a respondent as per Section I.D. 5. The respondent should list each requirement from Section I.D. 5 and attest their compliance or otherwise and then provide the Department with a way to verify the information, e.g., list projects with references, link to published records to confirm revenue and profitability.

2. Section IV.C.2.8.c. Information System has been revised as follows:
  - c. Describe the Respondent's ability to adapt its information technology systems to the needs of this contract, including but not limited to its ability to exchange data electronically, configure its data exchange mechanisms to be fully compatible with the Department's MMIS, as well as the systems used by the Department's other health care contractors.

- **QUESTIONS AND RESPONSES**

1. **Question:** Can the Department estimate the number of children who will be engaged in the Integrated Care for Kids (InCK)? (Page 29)  
**Response:** There are approximately 28,000 youth under age 21 who are eligible for Medicaid and residing in the New Haven area. These individuals will be assessed through claims based and in-person assessments. The Department estimates that perhaps a third of those will be eligible for the risk-stratified care coordination provided by community-based providers.

2. **Question:** Are the specific mental health level of care guidelines linked on page 31 of the RFP required by the Department for this program or may vendors propose alternate guidelines? (Page 31)  
**Response:** The level of care guidelines linked on page 31 are required by the Department. While recommendations are accepted, any changes to the Level of Care Guidelines must be approved by the Oversight Committee.
3. **Question:** Please provide additional detail on what is included in the Peer Support Specialist Plan. (Page 33)  
**Response:** The Peer Support Specialist Plan shall provide information on how the contractor intends to utilize Peer Support Specialists to support the mission of the Behavioral Health Partnership.
4. **Question:** Does the Department require that the call center operation be located within the state of Connecticut? (Page 34)  
**Response:** The contractor shall establish a local customer call center within the state of Connecticut.
5. **Question:** Would the Department consider raising the page limit for the C.1. Organizational Requirements? (Page 44)  
**Response:** Submitted proposals must conform to the requirements of the RFP. Please refer to Section I. E. Proposal Format.
6. **Question:** As stipulated in the RFP, only the required Forms identified in Section IV.B may be submitted in PDF or similar file format. Certain documents requested by DSS in the RFP (e.g., audited financial statements) originate in PDF format. Please confirm that Respondents are allowed to submit these documents as a PDF. (page 16)  
**Response:** Submitted proposals must conform to the requirements of the RFP. Please refer to Section I. E. Proposal Format.
7. **Question:** Are Respondents allowed to use 8 ½" x 11" paper in "landscape" orientation if that paper size is sufficient for any key graphic, diagram, and/or flow chart? (page 17)  
**Response:** Submitted proposals must conform to the requirements of the RFP. Please refer to Section I.E.6. Style Requirements.
8. **Question:** Since the CT BHP ASO procurement is an electronic only submission, would DSS allow a minimum of one inch (1") for all margins (top, bottom, left, right) for all pages of the proposal? (page 17)  
**Response:** Submitted proposals must conform to the requirements of the RFP. Please refer to Section I. E.6. Style Requirements.
9. **Question:** Other than the required forms listed in Section IV.B.9, the RFP strictly prohibits attachments. However, several sections throughout the RFP require Respondents to provide

examples, sample materials, etc. to be compliant with the response. Materials requested by DSS in Section IV include but are not limited to:

- ☐ C.2.1.a: UM Program description, policies and procedures, etc.
- ☐ C.2.2.a: ICM Program description, policies and procedures, etc.
- ☐ C.2.2.d: Relevant supporting reports
- ☐ C.2.4.g: Example member materials
- ☐ C.2.5.d: Examples of trainings, workshops, or conferences
- ☐ C.2.5.h: Example communication materials
- ☐ C.2.5.j: Example network adequacy report
- ☐ C.2.8.r: Third-party data security certifications
- ☐ C.2.9.d: Examples of reports demonstrating data analytic capabilities
- ☐ C.2.9.f: Examples of provider performance report cards
- ☐ C.2.9.g: Sample reports not included in the Reporting Matrix
- ☐ C.2.12.c: Example call management reports
- ☐ C.3.1.b: Job descriptions/résumés
- ☐ C.6.a: Audited financial statements

For example, program descriptions and policies and procedures requested in Section IV.C.2 alone comprise more than the allocated 40 pages. Please confirm that for specific materials requested by DSS throughout the RFP, Respondents are allowed to provide these materials as attachments. (page 27)

**Response:** Submitted proposals must conform to the requirements of the RFP. Please refer to Section I. E. Proposal Format.

**10. Question:** Will the ASO be expected to authorize Targeted Case Management (TCM) services? If yes, what is the annual volume of authorizations related to TCM? (page 28)

**Response:** No. ASO will not be expected to authorize Targeted Case Management (TCM) services.

**11. Question:** Integrated Care for Kids (InCK) Federal Grant is currently performed under a separate contract. Is it the Departments' intent to integrate the InCK and CT BHP ASO contracts through this procurement? (page 29)

**Response:** Yes. It is the Department's intent to integrate the InCK work into the CT BHP ASO contract through this procurement.

**12. Question:** Please provide additional detail around the integrated care management platform and how the Department envisions how the dental, medical and behavioral health ASO are to collaborate. Who is responsible for provisioning the integrated care management platform and assuming responsibility for its administration and maintenance? (page 35)

**Response:** The state Departments do not currently have this platform. Should the State develop an integrated care management platform, this will be managed by the Department of Social Services.

**13. Question:** Please confirm that waiver, if applicable, and third-party liability fields will be made available on the Husky B eligibility file. If not, please clarify how this information will be made available to the ASO. (page 3)

**Response:** At this time, the Department does not have any plans to change the HUSKY B file to make this information available on the HUSKY B eligibility file. Waivers are not applicable for HUSKY B.

**14. Question:** Please clarify the extent in which the ASO is expected to have interoperability with the DSS Provider Registry. Since this application is no longer in service, does this reference a future application similar to the Provider Registry? (page 4)

**Response:** This is in reference to any future Provider Registry initiative that the Department pursues.

**15. Question:** Please clarify at what frequency the ASO would be expected to provide reports and the expected turnaround of such requests. (page 8)

**Response:** Depending on the report, the schedule is generally semi-annually and annually. However, there may be ad-hoc report requests.

**16. Question:** Please clarify and expand on the term “coordinate” as it relates to the behavioral health ASO and DDS/DMHAS HCBW and State Plan programs. How does DSS envision the ASO coordinating with these programs? (page 39)

**Response:** It will be the Department’s expectation that the contractor assists with referrals and assist members in accessing behavioral health services as well as medical, dental and transportation. The same expectation holds true for DSS Waiver members.

**17. Question:** Please clarify if the section referenced (Section I.F.5) should actually reference Section I.D.5: Minimum Qualification of Respondents. (page 43)

**Response:** Section IV.B.7 Minimum Qualification referencing to “Section I.F.5.” is revised and replaced with wording “Section I.D.5”. Please refer to the Revision #1 pertinent to this Addendum.

**18. Question:** Given that best practices, operational efficiencies, and adherence to industry standards in Utilization Management are measured and evaluated through the NCQA Managed Behavioral Health Organization (MBHO) accreditation process, would DSS find the ASO in compliance with the URAC/NCQA requirement if the ASO held NCQA MBHO accreditation only. (page 44)

**Response:** The resultant contractor will be expected to hold the accreditations and designations as outlined in section IV. C.1.4 on page 44 of the RFP.

**19. Question:** Please define the term “related party” in reference to relationships and transactions. Does this mean subsidiary, sister, parent, and/or other affiliated companies of the Respondent? (page 45)

**Response:** Yes. The term “related party” stated in Section IV.C.1.3. is defined as any subsidiary, sister entity, partner or affiliated company of the contractor.

**20. Question:** How many measures, at minimum, should Respondents include in their sample quality measure set for children and adults? Please confirm that each measure offered must include the plan for measuring, evaluating and improving associated outcomes. (page 48)

**Response:** The respondent should include 12 measures. Each measure offered should include the plan for measuring, evaluating and improving associated outcomes.

**21. Question:** Please clarify if the term “ASO services” refer to provider grievances regarding ASO services provided to the member (e.g., case management, peer support, member reported instances of unprofessional or rude behavior) or does it refer to the provider’s direct experience with the ASO’s call center, provider relations (e.g., wait time, call backs, rude behavioral), etc. (page 50)

**Response:** The term “ASO services” refers to reports of dissatisfaction with any and all services provided by Administrative Services Organization.

**22. Question:** The last sentence in this section states, “The following bullets should be considered in the response.” However, no bullets follow that section. Please clarify what bullets Respondents should follow in responding to this section. (page 51, Section IV.C.2.8.c.)

**Response:** Section IV.C.2.8.c is revised, deleting the last sentence. Please refer to the Revision#2 pertinent to this Addendum.

**23. Question:** Please clarify the second part of the question, “...and any proposed resolution to the identified issues.” Does “identified issues” refer to data quality issues and/or system issues identified via the ASO’s health data analytics solution? (page 52, Section IV.C.2.9.a)

**Response:** Yes. “Identified issues” refers to data quality issues and/or systems issues identified through the ASO’s health data analytics solution.

**24. Question:** Please confirm that the ASO is required to directly consume medical record information from providers’ EHR systems within established industry standards and/or via the Health Information Exchanges? (page 52)

**Response:** ASO is expected to consume medical record information via any feasible mode so long as the method comports with all relevant federal and state policies/regulations as well as industry standards. However, the Department’s preferred mode is via Health Information Exchanges (HIE) to the extent information is available via HIE.

**25. Question:** Is it the intent that the ASO work directly in the CT METS once it is fully operational, or do Respondents only need to interface with the CT METS through data exchanges or other interoperability technologies? (page 53)

**Response:** The Department expects that the ASO works directly with CT METS as part of the planning process (Phase 1) as well as once it is operationalized. As components of CT METS are operationalized, the ASO is expected to become direct users of CT METS components and or interoperate with CT METS to the greatest extent possible, as directed by the Department.

**26. Question:** Is the referenced Information Services budget a proposed contractor budget or DSS’ overall budget for the CT METS project? (page 54)

**Response:** The referenced budget is the proposed respondent's budget.

**Addendum 1 Acknowledgment**  
**State of Connecticut**  
**Department of Social Services**  
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**Addendum 1 issue date: 06/14/2021.**

**This Addendum acknowledgement must be signed and returned with your submission.**

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Authorized Official Signature

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Name of Authorized Official

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Name of Organization